

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT**
PUBLIC SECTOR / NON-POLICE & NON-FIRE**Section I: Agreement Details**

Public Employer: Township of Denville County: Morris
 Employee Organization: Department of Public Works - Supervisors Employees in Unit: 5
 Base Year Contract Term: _____ New Contract Term: 1/1/2014 12/31/2017
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A Base Year - Total Costs (last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic			
Item 1	Salary	\$408,708	\$410,884
Item 2	Increment	_____	\$8,639
Item 3	Longevity	_____	\$0
Item 4	_____	_____	_____
Item 5	_____	_____	_____
Item 6	_____	_____	_____
Item 7	_____	_____	_____
Item 8	_____	_____	_____
Item 9	_____	_____	_____
Item 10	_____	_____	_____
Item 11	_____	_____	_____
Item 12	_____	_____	_____
Any additional items list on separate sheet	Additional Items	_____	_____
Section III: Totals - Sum of costs in each column		\$419,523	\$419,523
		(Total)	(Total)

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) _____

<u>Effective Date (m/d/yyyy)</u>	<u>1/1/2014</u>	<u>1/1/2015</u>	<u>1/1/2016</u>	<u>1/1/2017</u>	_____	_____
Percent Increase	1.98	1.98	1.98	1.98	_____	_____
Total cost of increase ..	\$8,474	\$8,639	\$8,807	\$8,981	_____	_____
Total base salary (successor agreement)	_____	_____	_____	_____	_____	_____

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) _____

Dollar Impact (average per year over term of agreement) _____

Section VIHealth Insurance (Indicate costs associated on each line)

	Base Year	Year 1	_____	_____	_____	_____
Cost of Health Plan	_____	_____	_____	_____	_____	_____
Employee Contributions	_____	_____	_____	_____	_____	_____
Prescription	_____	_____	_____	_____	_____	_____
Dental	_____	_____	_____	_____	_____	_____
Vision	_____	_____	_____	_____	_____	_____

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.**Section VII**

Prepared by:

STEVEN WARD
 Print Name: Steven Ward
 Signature: SW
 Title: TOWNSHIP ADMINISTRATOR
 Date: 6/26/2015